Indep. Claims

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Approved for use through 07/31/2006. OMB 0851-0032
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Under the Pageswork Reduction Act of 1995, on persons are required to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4615). 09/682,934 **Application Number** TRANSMIT November 1, 2001 Filing Date For FY 2005 Gopel B. Avinash First Named Inventor Shefali D. Patel Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2621 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 500.00 120768 Attorney Docket No. (GEMS 0135 PUS) METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 07-0845 GTC Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES** Small Entity Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee.(\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 100 250 200 Design 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) Multiple dependent claims 360 180 Total Claims Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) x HP = highest number of total clarms paid for, if greater than 20.

| HP = highest number of independent claims paid for, if greater than 3. |
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| 3. APPLICATION SIZE FEE |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |
| - 100 = / 50 = (round up to a whole number) x = |
| 4. OTHER FEE(S) Fees Paid (\$) |

Fee Paid (\$)

Fee (\$)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Notice of Appeal

Extra Claims

\$500.00

| SUBMITTED BY | | | |
|-------------------|------------------|---------------------------------------|------------------------|
| Signature | JAM S | Registration No. 38,049 | Telephone 248-223-9500 |
| Name (Print/Type) | Kevin G. Mierawa | · · · · · · · · · · · · · · · · · · · | Date 12/28/2005 |

This collection of information is required by 97 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gatering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tracemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.